

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.31.29	Page 1 of 5
	Original Effective Date: 11/27/13	New Effective Date: 10/01/16
	Supersedes: 500.31.29	Dated: 12/12/13
	Administrator's Approval: Jim Schwochert, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Infectious Complications		

POLICY

The Division of Adult Institutions shall ensure peritoneal dialysis inmate patients are monitored and treated for infectious complications. Episodes of infectious complications shall be evaluated and treated per the current Nephrology recommendations.

REFERENCES

Counts, C. (Ed) (2015) – Core Curriculum for Nephrology Nursing: Sixth Edition.
Pitman, NJ: American Nephrology Nurse's Association
Peritonitis: Key concepts for Improving Patient Outcomes: Advanced Renal Education Program – Fresenius Medical Care (2015)
Nephrology Nursing Scope and Standards of Practice, 7th Edition, 2011, American Nephrology Nurse's Association
ISPD Guidelines/Recommendations (2010) – Peritoneal Dialysis Related Infections Recommendations: 2010 Update

DEFINITIONS, ACRONYMS AND FORMS

CQI – Continuous Quality Improvement

DOC-3023 – Prescriber's Orders

DOC-3023W – Prescriber's Orders (Standard Orders – Peritoneal Dialysis)

HSU – Health Services Unit

PD – Peritoneal Dialysis

POC-0078 – How to Take a Sterile Peritoneal Dialysis Sample

PROCEDURE

- I. PD inmate patients shall be evaluated for signs and symptoms of infectious complications. Infectious complications that may present include catheter related tunnel infections and peritonitis.
 - A. Signs and symptoms of tunnel infections may include:
 1. Irregularity, thickening along the subcutaneous tunnel.
 2. Edema and/or erythema over tunnel segment.
 3. Pain and tenderness along the tunnel.
 4. Catheter fits loosely in tunnel.
 5. Abscess over the catheter tunnel or fistula along tunnel.

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6. Large amount of purulent or sanguineous drainage, although the catheter exit site does not have other characteristics of an infection. May present as a large crust or scab at the exit site.
 7. Simultaneous or previous exit site infection and/or peritonitis with the same organism.
 8. Other subjective symptoms.
- B. Signs and symptoms of peritonitis may include:
1. Change in color of effluent.
 2. Cloudy drain bag.
 3. Abdominal cramps or pain.
 4. Rebound tenderness.
 5. Diarrhea or constipation.
 6. Nausea or vomiting.
 7. Chills.
 8. Fever >100.5 F.
 9. Other subjective symptoms.
- C. With signs or symptoms of infectious complications during the Dialysis Unit work hours, instruct the inmate patient to notify Dialysis/HSU staff or security to contact the Dialysis Unit PD nurse.
- D. With signs or symptoms of infectious complications that occur outside of the Dialysis Unit work hours, instruct the inmate patient to notify security staff to contact the PD on-call nurse. The PD on-call nurse may update the HSU nursing staff as indicated of findings.
- E. Consultation with the Nephrology Provider may be necessary. The PD on-call nurse shall determine if the inmate patient:
1. Requires an onsite assessment.
 2. Can be assessed during the next dialysis unit work hours.
 3. Shall be sent to the emergency room for care and treatment.
- F. The PD on-call nurse shall communicate with the HSU staff nursing interventions that may be required for the treatment of peritonitis.
- G. If the inmate patient is assessed at the PD clinic, the PD drain bag shall be brought to the Dialysis Clinic for lab sampling if sampling has not already occurred. Steps for sampling include:
1. Sampled fluid shall dwell for at least two hours in the peritoneal space to improve accuracy.
 2. Mix dialysate by inverting the bag several times before sampling.
 3. Staff shall mask first, perform hand hygiene, and apply gloves.
 4. Cleanse the sample port with an approved disinfectant for the recommended time period. Refer to POC-0078.
 5. Contact the designated laboratory for the procedure on obtaining effluent sample. 50-100mL of effluent is necessary for optimal testing.

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6. Write an order on DOC-3023 – Prescriber’s Orders for labs listed below, in a-c. Complete lab requisition and notify lab if inmate patient is currently taking antibiotics. Requested tests shall include:
 - a. Cell count with differential.
 - b. Gram stain.
 - c. Culture and sensitivity.
 7. Send the sample to the local laboratory. Sample shall be taken to the lab within four hours.
 8. Sample shall be kept cold or on ice until received by the local laboratory.
- H. Diagnosis may be determined by:
1. Abdominal pain.
 2. Dialysate white blood cell count >100 uL.
 3. >50% polymorphonuclear cells (neutrophils or segmented cells).
 4. Evidence of organisms on gram stain.
 5. Positive culture.
- I. The nurse may instruct the inmate patient to complete three rapid exchanges (with no dwell time) using any percent dextrose based on current inmate patient situation.
- J. Add medications to a new bag of dialysate per DOC-3023W – Prescriber’s Orders (Standard Orders – Peritoneal Dialysis).
- K. Medications shall stay in the peritoneum for at least six hours.
- L. Further administration of medications shall be determined by results of the culture and sensitivity report. Contact the Nephrology Provider as soon as possible to obtain further antibiotic orders.
- M. If symptoms do not improve within 48 hours after starting antibiotics, contact the Nephrology Provider.
- N. Routine follow-up labs may consist of:
1. Repeat cell count with differential, gram stain, and culture/sensitivity results three days after initiating antibiotic therapy.
 2. Repeat cell count, gram stain, and culture/sensitivity results one week after completion of antibiotic therapy.
 3. Labs shall be repeated if symptoms re-present. Contact the Nephrology Provider for consultation.
- O. Provide follow up inmate patient evaluation and teaching regarding proper technique for PD procedures. The inmate patient may require retraining.
- P. Tunnel infections and peritonitis rates shall be evaluated at Dialysis CQI meetings.

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Bureau of Health Services: _____ **Date Signed:** _____
James Greer, Director

_____ **Date Signed:** _____
Ryan Holzmacher, MD, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
Jim Schwochert, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.31.29	Page 5 of 5
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Infectious Complications		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES**DEFINITIONS, ACRONYMS, AND FORMS****FACILITY PROCEDURE**

I.

A.

B.

1.

2.

a.

b.

c.

3.

C.

II.

III.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other